

CCAP Case Number: _____

Sentencing Date: _____

County: _____

Offender Age: _____

Theft—More than \$10,000, Wis. Stat. § 943.20 (1)(a) (1)(b) (1)(c) (1)(d) (1)(e)

THIS WORKSHEET ONLY APPLIES TO:

Sentencing Hearings Held On or After 7/1/2005, for TIS-II Offenses (Offenses Committed On or After 2/1/2003).NOTE A: Where several options are presented, circle one and check *Mitigating* or *Aggravating*. [EX. Minimal / Leader]NOTE B: Only check *Mitigating* or *Aggravating* for those factors that apply. Otherwise, leave the boxes unchecked.

OFFENSE SEVERITY	Mitigating	Aggravating
Characteristics of the Offense		
Value of Loss: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Motivated by Need for Basic Necessities	<input type="checkbox"/>	<input type="checkbox"/>
Motivated by Greed	<input type="checkbox"/>	<input type="checkbox"/>
Conduct More Serious than Offense of Conviction.....	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
Degree of Preparation		
None or Spontaneous / Some / Extensive.....	<input type="checkbox"/>	<input type="checkbox"/>
Method of Access to Property		
Borrowed with Permission	<input type="checkbox"/>	<input type="checkbox"/>
Took without Permission.....	<input type="checkbox"/>	<input type="checkbox"/>
Obtained Through Burglary or Robbery.....	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
Type of Harm		
None	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Emotional Harm.....	<input type="checkbox"/>	<input type="checkbox"/>
Economic Harm: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
Aggravating Factors, Wis. Stat. § 973.017 <input type="checkbox"/> N/A		
Concealed or Altered Appearance.....	<input type="checkbox"/>	<input type="checkbox"/>
Gang-Related Offense.....	<input type="checkbox"/>	<input type="checkbox"/>
Bulletproof Clothing	<input type="checkbox"/>	<input type="checkbox"/>
Crime Committed to Influence Governmental Policy.....	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
Penalty Enhancers, Wis. Stat. § 939 <input type="checkbox"/> N/A		
Repeat Offender (§ 939.62) <input type="checkbox"/> Pleaded and Proved	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous Weapon (§ 939.63) <input type="checkbox"/> Pleaded and Proved	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crime (§ 939.645)..... <input type="checkbox"/> Pleaded and Proved	<input type="checkbox"/>	<input type="checkbox"/>
Role in Offense		
Minimal / Leader	<input type="checkbox"/>	<input type="checkbox"/>
Defendant was Manipulated or Pressured.....	<input type="checkbox"/>	<input type="checkbox"/>
Abused Position of Trust / Authority	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable Victim		
Mentally Ill.....	<input type="checkbox"/>	<input type="checkbox"/>
Cognitively Deficient	<input type="checkbox"/>	<input type="checkbox"/>
Elderly Victim	<input type="checkbox"/>	<input type="checkbox"/>
Otherwise Vulnerable, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
RISK FACTORS	Mitigating	Aggravating
Education		
Grade Completed, <i>circle one</i> : -9 9 10 11 12 12+	<input type="checkbox"/>	<input type="checkbox"/>
Degree Obtained: <input type="checkbox"/> None <input type="checkbox"/> GED/HSED <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Currently Enrolled	<input type="checkbox"/>	<input type="checkbox"/>
Employment History		
Usually Employed.....	<input type="checkbox"/>	<input type="checkbox"/>
Same Employer for Extended Period of Time	<input type="checkbox"/>	<input type="checkbox"/>

Employed When Offense was Committed or at Time of Sentencing.....	<input type="checkbox"/>	<input type="checkbox"/>
Lengthy or Frequent Periods of Unemployment.....	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Record		
Criminal Record Not a Factor, check here <input type="checkbox"/>		
No Criminal Record	<input type="checkbox"/>	<input type="checkbox"/>
Prior Misdemeanor(s), total number <input type="text"/> Assaultive Misdemeanors, total number <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior felony or felonies, total number <input type="text"/> Assaultive Felonies, total number <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Offense(s) Similar to Current Offense.....	<input type="checkbox"/>	<input type="checkbox"/>
Previously Placed on Community Supervision	<input type="checkbox"/>	<input type="checkbox"/>
Criminal History Understates / Overstates Risk.....	<input type="checkbox"/>	<input type="checkbox"/>
On Legal Status / Not on Legal Status when Crime was Committed	<input type="checkbox"/>	<input type="checkbox"/>
Time Since Most Recent Conviction / Incarceration: <input type="text"/> months / yrs.....	<input type="checkbox"/>	<input type="checkbox"/>
Mental and Physical Health		
Mental Health Problem(s) / Physical Health Problem(s).....	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for Health Problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and Drug Abuse		
Under the Influence When the Offense was Committed.....	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Prior Abuse.....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prior Treatment <input type="checkbox"/> Never Treated For Alcohol/Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Social Factors		
Married or Long-Term Relationship	<input type="checkbox"/>	<input type="checkbox"/>
Resides With or Supports Children.....	<input type="checkbox"/>	<input type="checkbox"/>
Family Support or Other Support Network.....	<input type="checkbox"/>	<input type="checkbox"/>
Defendant Suffered Prior Abuse.....	<input type="checkbox"/>	<input type="checkbox"/>
Attitude		
Remorse	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility.....	<input type="checkbox"/>	<input type="checkbox"/>
Detailed Rehabilitative Plan in Progress.....	<input type="checkbox"/>	<input type="checkbox"/>
Cooperated with Authorities / Prosecution.....	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>

OFFENSE INFORMATION

Percent of Offenders Given Probation for the Offense since 2/2003 (TIS II effective date):	Penalty Classification Level:	Permissible Penalties:
67%	Class G Felony	Probation Fine — Maximum \$25,000 Maximum Imprisonment — 10 Years <ul style="list-style-type: none"> • Initial Confinement — Maximum 5 Years • Extended Supervision — Maximum 5 Years

RECOMMENDED SENTENCE RANGE

OFFENSE SEVERITY	RISK FACTORS		
	Lesser	Medium	High
Mitigated	<input type="checkbox"/> Probation	<input type="checkbox"/> Prob. – 1½ yrs confinement	<input type="checkbox"/> Prob. – 3 yrs confinement
Intermediate	<input type="checkbox"/> Prob. – 1½ yrs confinement	<input type="checkbox"/> Prob. – 2½ yrs confinement	<input type="checkbox"/> 2 – 4 yrs confinement
Aggravated	<input type="checkbox"/> Prob. – 2 yrs confinement	<input type="checkbox"/> 1½ – 4 yrs confinement	<input type="checkbox"/> 3 – 5 yrs confinement

OTHER FACTORS THAT MAY WARRANT SENTENCE ADJUSTMENT	Mitigating	Aggravating
PSI Recommendation	<input type="checkbox"/>	<input type="checkbox"/>
Read-In Offense(s).....	<input type="checkbox"/>	<input type="checkbox"/>
Effect of Multiple Counts.....	<input type="checkbox"/>	<input type="checkbox"/>
Victim Statement	<input type="checkbox"/>	<input type="checkbox"/>
Restitution Paid Before Sentencing	<input type="checkbox"/>	<input type="checkbox"/>
District Attorney (DA) Recommendation	<input type="checkbox"/>	<input type="checkbox"/>
Defense Attorney Recommendation	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>